

Equalized Payment Plan Application Form

(please print)

Customer Name: _____

Street Address: _____

City: _____

Zip: _____

Social Security Number or Driver's License Number:

Home Telephone: (____) _____

Work Telephone: (____) _____

Cellular Telephone: (____) _____

Gas Bill Account Number: _____

Mailing Address Change

Address: _____

City: _____

State: _____ Zip: _____

Customer Signature

Signature: _____

Date: _____

Please return the completed form with your bill payment
to or fax it to:

City of Pensacola

Treasury Division

P.O. Box 12910

Pensacola, FL 32521-0044

Fax: 850-435-1827

Questions? Call our Customer Care Center at
(850) 435-1800.

